

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN118AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/15/2009
NAME OF PROVIDER OR SUPPLIER HORIZON HILLS RES GRP CARE 2		STREET ADDRESS, CITY, STATE, ZIP CODE 8085 MOHAWK LN RENO, NV 89506		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 28725</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12-15-09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of A.</p>	Y 000		
Y 105 SS=F	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <p>(f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by:</p>	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 Surveyor: 28725 Based on record review on 12-15-09, the facility failed to ensure 2 of 3 caregivers met background check requirements (Employee #1 and #3.) Caregiver #1's personnel file lacks an FBI background check letter. Caregiver #3's personnel file lacks evidence a State background check letter. Severity: 2 Scope: 3	Y 105			
Y 251 SS=F	449.217(2) Storage of Food-Perishable foods refrigerated NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less. This Regulation is not met as evidenced by: Surveyor: 28725 Based on observation on 12-15-09, the facility failed to ensure refrigerated foods were kept at a temperature of 40 degrees or less, and failed to ensure that frozen foods were kept at a temperature of 0 degrees or less. Readings on a thermometer revealed that the refrigerator was 50 degrees and the freezer was 34 degrees. Meats and bread stored in the freezer were soft and pliable. Severity: 2 Scope: 3	Y 251			

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Y 920 Y 920 SS=F	Continued From page 2 449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This Regulation is not met as evidenced by: Surveyor: 28725 Based on observation and staff interview on 12-15-09, the facility failed to ensure that medical equipment that could be misused by a resident or any other unauthorized person was protected. Two boxes of unused insulin needles/syringes and a partially filled sharps container were observed on the dining room window ledge. Staff stated these items belonged to a resident who died last April.	Y 920 Y 920			

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Y 920	Continued From page 3 Severity 2 Scope 3	Y 920			

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